

Wyoming Generations Together Program Participation Form for ADULTS

PLEASE PRINT CLEARLY:

Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

City: _____ State: _____ Zip Code: _____ Do you drive? _____

Email Address: _____

How often do you check email? ☐ Once/day ☐ Once/week ☐ Rarely ☐ Never

Are you on Facebook? ☐ Yes ☐ No

Are you on Instagram? ☐ Yes ☐ No

What are your interests/hobbies? _____

Do you have any concerns that your student volunteer should know about (Ex. have a pet, have a medical condition)? If so, please specify:

Which types of activities would you like help with or like to do with your student? (Some examples are household chores, outdoor projects/chores; cooking/baking; technology assistance (computer, cell phone, iPad, camera, etc.); taking out garbage; organizational help; simple repairs). Also, do you have a particular or immediate need? Please BE SPECIFIC.

Do you have any special requests regarding your pairing? If so, please specify:

Preferred days/times that you are available: _____

If an emergency arises, what should the student do? (Please include emergency contact names and phone numbers – see below)

Emergency Contact Name/relationship to you

Home Phone #

Cell Phone #

Which church or social groups do you attend? _____

Referrals: Please list any friends, neighbors, or church members you know who might be interested in learning more about Generations Together. (Include phone number IF you know it)

Publicity Policy: Pictures are sometimes taken at various Generations Together events to help promote our program to the community through articles in various publications and/or marketing materials. If you do not wish to be included in such pictures, please mark an X here: _____ Do not include me in photos

Adult Consent

I, _____ hereby agree to participate in the Wyoming Generations Together Program. I understand that one or more students will be assisting me in the above activities and I hereby release the student and his parents/guardian and any person acting as an advisor, supervisor or leader and the City of Wyoming and its employees or volunteers from any and all liability or claim arising from injury or illness sustained by me during or in connection with such Generations Together activities. I have read the Guidelines for Wyoming's Generations Together Program attached hereto and agree to follow them. I understand that I will not drive a student anywhere as part of this program. Anything I do beyond the stated guidelines will be at my own risk. If I have a concern about the student I am paired with, I may request a change or discontinue the program.

Signature: _____ Date: _____

NOTE: This form must be completed BEFORE you can participate in the Generations Together Program